



# **Benefits Handbook**

**For**

**USW Union Employees  
Portsmouth, OH**

**Effective January 01, 2007**

This handbook provides you with important information about your Uranium Disposition Services, LLC (UDS) benefits. In it, you will find a brief description of the benefits.

Where applicable, the information in this handbook is based on official Plan documents. If there is a difference between what is in this brochure or told to you orally, and the official Plan documents, the Plan documents will govern.

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## ACRONYMS

<b>AD&amp;D</b>	<b>Accidental Death and Dismemberment</b>
<b>AI</b>	<b>Artificial Insemination</b>
<b>BJC</b>	<b>Bechtel Jacobs Company, LLC</b>
<b>CBA</b>	<b>Collective Bargaining Agreement</b>
<b>DRE</b>	<b>Digital Rectal Exam</b>
<b>DOE</b>	<b>Department of Energy</b>
<b>EAP</b>	<b>Employee Assistance Program</b>
<b>EOI</b>	<b>Evidence of Insurability</b>
<b>FSA</b>	<b>Flexible Spending Account</b>
<b>GYN</b>	<b>Gynecological</b>
<b>HR</b>	<b>Human Resources</b>
<b>IRS</b>	<b>Internal Revenue Service</b>
<b>LR</b>	<b>Labor Relations</b>
<b>LTD</b>	<b>Long Term Disability</b>
<b>OI</b>	<b>Ovulation Induction</b>
<b>OTC</b>	<b>Over the Counter</b>
<b>PTO</b>	<b>Paid Time Off</b>
<b>PPO</b>	<b>Preferred Provider Organization</b>
<b>PSA</b>	<b>Prostate Antigen Test</b>
<b>Rx</b>	<b>Prescription</b>
<b>STD</b>	<b>Short Term Disability</b>
<b>UDS</b>	<b>Uranium Disposition Services, LLC</b>
<b>US</b>	<b>United States</b>
<b>USEC</b>	<b>United States Enrichment Company</b>
<b>USW</b>	<b>United Steel Workers</b>
<b>VSP</b>	<b>Vision Service Plan</b>

## MEDICAL INSURANCE

<b>Provider:</b>	Anthem Blue Cross and Blue Shield (Anthem)
<b>Plan Type:</b>	Preferred Provider Organization (PPO). Highest level of benefit is received when an in-network provider is used.
<b>Contact Information:</b>	Customer Service – 1-888-650-4047 www.anthem.com - for in-network provider search, claim processing status, coordination of benefits updates, order ID cards and other health and wellness information
<b>Eligibility:</b>	<b>Union Employees</b> working a minimum of 30 hours per week  <b>Spouses</b> (an individual married to an employee)  <b>Dependent Child</b> (unmarried and up to age 24)  <b>Grandchild</b> (unmarried, not above the ages noted above, and is in the court-ordered custody of, resides with and is the dependent of the employee or spouse)  <b>Disabled Dependent*</b> (a child chiefly dependent on the employee or their spouse and incapable of self support due to a mental or physical incapacity)  * Disabled dependents may be covered past the ages listed above, but incapacity must be medically certified by a physician.
<b>Enrollment:</b>	Coverage must be elected within 31 days of hire. Medical coverage automatically includes prescription and vision coverage.  New spouses may be added effective the date of the marriage, and newborns may be added effective with their date of birth. The employee is responsible for making these additions within 31 days of the event.
<b>Effective Date:</b>	<b>New Hire:</b> If elected within 31 days of date of hire, coverage becomes retroactive to the employee hire date. <b>Event Changes:</b> Ex: marriage, birth of a child, divorce; coverage becomes retroactive to the event date.
<b>Out of Service Area:</b> Blue Card®/Blue Access <sup>SM</sup>	With the BlueCard® Program, Anthem members have access to benefits when living or traveling outside Anthem's Plan area.
<b>Access Made Easy:</b>	To find a nearby health care provider, members can simply: <ul style="list-style-type: none"><li>• Call BlueCard Access at (800) 810-BLUE (2583)</li><li>• go to <a href="http://www.anthem.com">www.anthem.com</a> and click on Search the Provider Directory under <b>Answers@Anthem</b>.</li><li>• Call Anthem Member Services at the number on the back of your ID card.</li></ul>

## **PRESCRIPTION DRUG INSURANCE**

Anthem is the provider for this benefit as well and enrollment is automatic upon election of medical coverage.

**Introducing “Your Online Pharmacy!” a collection of pharmacy services and helpful tools to assist members in managing their prescription orders and benefits.**

Features include: locate order prescription refills, check order status, view prescription history, search drug list/formulary, find a pharmacy, read confidential messages.

Go to [www.anthemprescription.com](http://www.anthemprescription.com), click the link for Member Online Pharmacy Service and you will be redirected to the online pharmacy page where you can order refills and locate documents & forms on-line.

### **Retail Prescriptions**

- Plan Administrator:** Anthem Blue Cross and Blue Shield (Anthem)
- Contact Information:** Anthem Customer Service – 1-888-650-4047 or [www.anthemprescription.com](http://www.anthemprescription.com) - participating pharmacy directory, prescription drug list, prior authorization list, claim forms, link to mail order program administrator, etc.
- Pharmacy Information:** To locate a participating pharmacy you may contact Anthem via either method noted above.
- Prior Authorization:** Some prescriptions require advance approval before they can be dispensed. Your physician must call Anthem at **1-800-338-6180** before prescribing medications requiring approval. A list of drugs requiring prior authorization can be found in the Anthem booklet.

### **Mail Order Prescriptions**

- Plan Administrator:** Anthem Rx Mailing Service
- Contact Information:** Customer Care Center – 1-888-613-6091  
Refills by Phone – 1-800-962-8192  
[www.anthemprescription.com](http://www.anthemprescription.com) - order refills, obtain forms, register for the ability to submit new prescriptions online, etc.
- Shipment Method:** Most orders are shipped by U.S. Postal Service and two weeks should be allowed for delivery. Remember not to wait until your medication is exhausted to order refills and ask your doctor to prescribe a small amount that can be filled at a retail pharmacy if submitting a new order.

The next five pages provide detailed information on your medical and prescription drug benefits.

## MEDICAL PLAN BENEFITS

### UDS PPO Plan through Anthem Blue Cross and Blue Shield

Plan Feature	In-Network	Out-of-Network
Annual Deductibles	\$0	\$100
<ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$0	\$200
Coinsurance	0%	90%
Out of Pocket Maximum		
<ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$0	\$ 600
	\$0	\$1,200
Excludes ded. Once Family Coinsurance Limit met, all family members will be considered as having met limit for calendar year.		
Lifetime Maximum	Unlimited	Unlimited
<b>Preventive Care</b>		
Routine Physical	100%	90% after deductible
	Adult: 1 exam per 12 mo. Includes coverage for immunizations	Adult: 1 exam per 12 mo. Includes coverage for immunizations
Routine GYN	100%	90% after deductible
Includes routine exam and 1 Pap smear/related charges per year		
Well Child Care	100%	90% after deductible
<b>Child:</b> 0-12 mo - 6 exams 13-24 mo –2 exams, 25 mo.-7 yrs.- 1 exam 18yr + -1 exam every 24 mo. Includes coverage for immunizations		
Routine Annual Digital Rectal Exam (DRE) and Prostate Antigen Test (PSA) for covered males age 40 and over.	100%	90% after deductible
Routine Mammogram up to maximum of \$85	100%	90% after deductible
One baseline age 35-39. One per calendar year age 40+		

Plan Feature	In-Network	Out-of-Network
<b>Prescription Drugs</b>		
Retail Pharmacy	Single Tiered - 100% after 10% copay. Up to a 34-day supply at participating pharmacies.	N/A
Mail Order	100% after copay shown below for a 35-90 day supply through Anthem Rx Mail Service.  Generic: \$ 5 Brand Name: \$15	N/A
<b>Hospitalization</b>		
Pre-Certification	Provider initiates	Provider initiates
Room & Board	100%	90% after deductible
Inpatient Services	100%	90% after deductible
Outpatient coverage	100%	90% after deductible
<b>Physician/Hospital Services</b>		
Surgery	100%	90% after deductible
X-ray and Lab	100%	90% after deductible
Other Physician Services	100%	90% after deductible
Allergy Testing	100%	90% after deductible
Allergy Injections	100%	90% after deductible
Emergency Room	100%	Same as in-network, coinsurance/deductible waived.
Non-Emergency use of Emergency Room	50% to a max. of \$600 for an individual & \$1200 for family	50% after Deductible



Plan Feature	In-Network	Out-of-Network
Office Visits	100%	90% after deductible
Office Lab and X-ray	100%	90% after deductible
If performed as part of a physician's office visit and billed by the physician; expenses are covered at 100% subject to the physician's office visit copay.		
Office Visit –Specialist	100%	90% after deductible
<b>Miscellaneous Services</b>		
Durable Medical Equipment	100%	90% after deductible
Convalescent Facility	100%	90% after deductible
Confinement must start within 14 days of hospital discharge. Hospital stay must be at least 3 days.  Each visit by a nurse or therapist is one visit. Each visit of up to 4 hours by a home health care aide is one visit.) *Maximums are a combined limit for in-network and out-of-network services.	up to 120 days/ calendar year*	up to 120 days/ calendar year*
Home Health Care	100%	90% after deductible
*Maximums are a combined limit for in-network and out-of-network services.	up to 120 visits/ calendar year*  (Visit not limited by hours. Visit of 30 min or 6 hrs will count as one visit.)	up to 120 visits/ calendar year*  (Visit not limited by hours. Visit of 30 min or 6 hrs will count as one visit.)
Private Duty Nursing-Outpatient	100%	90% after deductible
Benefits will not be paid during a calendar year for private duty nursing for any shifts in excess of the Private Duty Nursing Care maximum shifts. Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift.  *Maximums are a combined limit for in-network and out-of-network services	benefit provided by day not hour*	benefit provided by day not hour*

Plan Feature	In-Network	Out-of-Network
<b>Hospice Care</b>  *Maximums are a combined limit for in-network and out-of-network services.	<b>Inpatient-</b> 100% up to 60 days*  <b>Outpatient-</b> 100% up to a max. benefit of \$5,000*	<b>Inpatient-</b> 90% after deductible up to 60 days *  <b>Outpatient-</b> 90% after deductible up to a max. benefit of \$5,000*
<b>Ambulance</b> -non-emergency -emergency/accident related	100%  100%	90% after deductible 90% of charges, no deductible
<b>Infertility Services</b>  AI and OI limited to 6 courses of treatment per lifetime.	Payable as any other covered expense	Payable as any other covered expense
<b>Mental Health</b>		
<b>Inpatient</b>	100%  up to 30 days/ calendar year*  *Combined max. for in-network and out-of-network services.	90% after deductible up to 30 days/ calendar year*  *Combined max. for preferred and in-network and out-of-network services.
<b>Outpatient</b>	100%  up to 30 days/ calendar year*  *Combined max. for in-network and out-of-network services.	90% after deductible up to 30 days/ calendar year*  *Combined max. for in-network and out-of-network services.
<b>Substance Abuse</b>		
<b>Inpatient</b>	100%  up to 30 days/ calendar year*  *Combined max. for in-network and out-of-network services.	90% after deductible up to 30 days/ calendar year*  *Combined max. for in-network and out-of-network services.
<b>Outpatient</b>	100%  up to 30 days/ calendar year*  *Combined max. for in-network and out-of-network services.	90% after deductible up to 30 days/ calendar year*  *Combined max. for in-network and out-of-network services.

<b>Miscellaneous</b>		
<b>Claims Submission</b>	Provider initiated.	Member initiated (applies for PAR providers also)
<b>Value Added Programs</b>  Start Saving Today-It's easy to take advantage of these and other discounts. *Log on to anthem.com. *Select the Member tab. *Choose your state and click enter. *Click on SpecialOffers@Anthem. *Find the discounts you want and start saving. (Check anthem.com for updates and /or changes to these discounts)	Through www.anthem.com union employees can check claim status and update family information online. The SpecialOffers@Anthem <sup>SM</sup> Program allows participants to receive savings on a broad range of alternative therapies and wellness services:	
<b>JennyCraig®</b>	Save up to 50% off weight loss and maintenance programs. 1-800-Jenny-20	
<b>Butt Out</b>	Extinguish a tobacco habit with up to 25% off smoking cessation products and 10% off programs	
<b>Allergy Relief Products</b>	Save 15% on all allergy products designed for use in the home, in the office or on the road.	
<b>Babystyle®</b>	Save 15% off maternity and baby health and safety essentials. 1-877-378-9537	
<b>Drugstore.com</b>	Save 5% on all of your health and beauty needs: *First Aid    *Skin Care    *Personal Care *Vitamins    *Shampoo    *Foot Care	
<b>TruVision®</b>	See your savings on vision correction surgery at \$749 to \$950 per eye and discount on contact lenses. 1-866-680-1180 (eyewear) 1-866-346-2020 (vision correction surgery)	
<b>Barnes &amp; Noble.com</b>	Find discounts on a wide selection of health-related books.	
<b>Global Fit™</b>	Get fit for less. Save at participating local, regional and national health clubs. 1-800-294-1500	
<b>Complementary Medicine</b>	Explore alternative paths to wellness and save on everything from yoga videos to massage therapy to vitamins supplements.	
<b>Hearing Impairment Products</b>	Save on a wide variety of hearing aids and other products that help those with hearing problems.  These benefits are not payable by Anthem and service depends on availability of local providers.	

Enrollment in the vision insurance plan is automatic upon election of medical coverage. The eligibility, enrollment and effective date information is the same as for medical and prescription. Provider and plan information follows.

**Provider:** Vision Service Plan Insurance Company (VSP)

**Contact Information:** 1-800-877-7195 or [www.vsp.com](http://www.vsp.com)

**Plan Information:** **Plan #12262801**

## **Vision Exam**

In-network: Covered in full  
Out-of-network: Up to \$45  
Frequency: Every 12 months

## **Frames**

In-network: Covered up to \$120 allowance (\$46 wholesale)  
Out-of-network: Up to \$47  
Frequency: Every 24 months

20% out of pocket allowance over and above cost  
20% off additional glasses

## **Lenses**

In-network: Covered in full  
Out-of-network  
    Single vision: Up to \$45  
    Bifocal: Up to \$65  
    Trifocal: Up to \$85  
Frequency: Every 12 months

20% off anti-glare & anti-scratch  
Children: Polycarbonate lenses-no cost

## **Contact Lenses\***

In-network  
    Visually necessary: Covered in full  
    Elective: Up to \$120

Out-of-network  
    Visually necessary: Up to \$210  
    Elective: Up to \$105  
Frequency: Every 12 months

\* covered in lieu of frames/lenses benefit

The dental coverage is provided and administered by Delta Dental of Kentucky, Inc. however, enrollment is separate and dental may be elected without medical and vice versa. The provider, eligibility, enrollment and effective date information is the same as for medical insurance. Dental plan details follow.

**Provider:** Delta Dental of Kentucky, Inc. (Delta Dental)

**Contact Information:** 1-800-955-2030 or [www.deltadental.com](http://www.deltadental.com)

**Plan Type:** Indemnity plan, meaning any licensed provider may be used.

**Deductible:** Individual - \$25  
Family - \$50

**Diagnostic & Preventative:**

Covered at 100% of the allowable amounts. Deductible does not apply.

- Oral examination
- Space maintainers
- Prophylaxis
- Periapical, bitewing, panoramic or complete series x-ray
- Palliative emergency treatment
- Topical fluoride application
- Sealants

*Preventative services such as cleanings may be received every six months. Diagnostic services such as x-rays may be received according to set schedule.*

**Minor Services:** Covered at 80% of the allowable amount. Subject to deductible.

- Routine fillings
- Root canal therapy
- Oral surgery
- Simple extractions
- Simple denture repair
- Periodontic services

*Basic restorative services such as fillings, simple extractions, periodontics and oral surgery.*

**Major Services:** Covered at 50% of the allowable amount. Subject to deductible.

- Inlays or crowns
- Dentures
- Prosthetic services
- Bridges

*Major restorative services such as crown, bridges and dentures.*

**Orthodontic Services:**

Covered at 50% of the allowable amount. Deductible does not apply. Benefits are limited to \$1,000 lifetime maximum for covered dependent children up to age 19.

- Diagnosis and treatment plan
- Minor treatment for tooth guidance

**Benefit**

**Maximums:** Annual - \$1,000 per person      Lifetime - \$10,000 per person

## BASIC LIFE INSURANCE

<b>Provider:</b>	Assurant Employee Benefits (Assurant)
<b>Eligibility:</b>	Employees working 30 hours/week or more
<b>Enrollment:</b>	Automatic enrollment upon hire
<b>Effective Date:</b>	Coverage becomes effective with first day of employment
<b>Cost:</b>	100% company paid
<b>Benefit:</b>	<p>Basic Life Insurance-two times salary rounded to the next higher thousand up to a maximum of \$750,000.</p> <p>Accidental death and dismemberment (AD&amp;D*) coverage that provides a total benefit of 4x salary in the event of death due to an accident.</p>
<b>Accelerated Benefits:</b>	If an employee meets certain medical requirements, as certified by a physician, accelerated benefits will be paid. The amount of accelerated benefits payable is up to 50% of the life benefit to a maximum of \$250,000.
<b>Benefit During Total Disability:</b>	If an employee ceases to be actively at work as an Employee due to long-term disability, life benefits may be continued for up to 12 Months at no cost to the employee.
<b>Notes:</b>	At age 65, employee benefit amounts are reduced in accordance with the following schedule:

<u>Age of Employee</u>	<u>Benefit Percentage</u>
65 but less than 70	65%
70 but less than 75	45%
75 but less than 80	30%
80 or older	20%

\* AD&D coverage is the equivalent of the optional special accident coverage available previously at a cost to some salaried employees. The AD&D benefit under the basic life plan is provided at no cost to employees.

## SUPPLEMENTAL LIFE INSURANCE

<b>Provider:</b>	Assurant Employee Benefits (Assurant)
<b>Eligibility:</b>	Employees working 30 hours/week or more  Spouses  Unmarried Dependent Children age up to age 19. (unmarried dependent children who are full-time students at an accredited high school or college may remain covered up to age 24)
<b>Enrollment:</b>	Must enroll within 31 days of hire to receive a level of coverage without going through evidence of insurability (EOI). Coverage may also be elected during open enrollment, but EOI will be required.
<b>Effective Date:</b>	Guaranteed issue coverage becomes effective with date of hire. All other coverage becomes effective upon approval by Assurant.
<b>Cost:</b>	Employee pays 100% of the premium, which is based upon employee/spouse age. If an employee enters a new age band during the course of the year, the new rate will take effect January 1 <sup>st</sup> . <ul style="list-style-type: none"><li>• Employee Rate-determined by the age the employee is as of Jan. 1 each year.</li><li>• Spouse Rate-determined by the age the spouse is as of Jan. 1 each year.</li><li>• Child(ren) Rate-same cost no matter age, based on level of coverage. (In increments of \$5K up to \$25K)</li></ul>

## SUPPLEMENTAL LIFE INSURANCE continued

**Benefit:** Employee

May elect up to five times basic earnings in multiples of \$10,000, to a maximum of \$500,000 subject to the plan's guarantee issue provisions.

EOI is required for coverage in excess of the lesser of three times basic earnings or \$250,000 after initial enrollment if made before 31 days.

**NOTE:** Employees transitioning to UDS who have a higher level of supplemental life may retain that coverage level (up to \$500K), without an EOI, provided proof of current coverage level is provided.

Spouse

May elect up to \$50,000 maximum in multiples of \$10,000, subject to the plan's guarantee issue provisions and not to exceed 50% of the Employee's basic and supplemental life coverage. AD&D coverage is automatically included.

During initial enrollment (within 31 days of hired date), employees may elect up to \$20,000 in spousal life insurance. Increase after the initial selection must have an EOI.

Dependent Child(ren)\*

May elect coverage in the amounts of \$5,000, \$10,000, \$15,000 \$20,000, or \$25,000 per covered child. AD&D coverage is automatically included. (The dependent child must be unmarried and under age 19, up to age 24 if a full-time student).

EOI is required for coverage in excess of \$10,000.

At age 65, employee and spouse benefit amounts are reduced in accordance with the following schedule:

<u>Age of Employee/Spouse</u>	<u>Benefit Percentage</u>
65 but less than 70	65%
70 but less than 75	45%
75 but less than 80	30%
80 or older	20%



## SHORT-TERM DISABILITY INSURANCE

<b>Provider:</b>	This is a self-insured benefit, and the payment of benefits under this Plan shall be handled by UDS.
<b>Administrator:</b>	Assurant will adjudicate claims
<b>Eligibility:</b>	All union employees who work 30 hours per week or more
<b>Enrollment:</b>	Enrollment is automatic upon hire
<b>Effective Date:</b>	Coverage becomes effective date of hire
<b>Benefit:</b>	85% of base pay received when unable to work due to non-work related illness or disability as certified by a note from licensed, treating physician.
<b>Waiting Period:</b>	Two days (16 hours) Vacation or time without pay can be used to satisfy the two-day waiting period.
<b>Duration:</b>	Up to 36 weeks If employee's physician states they are unable to return to work after 36 weeks, the union employee will transition to the long-term disability plan if eligible.
<b>Cost:</b>	100% employer paid
<b>How to File:</b>	<ol style="list-style-type: none"><li>1) Complete employee portion of <i>Short Term Disability Certification</i> UDS Form 1034</li><li>2) Have physician complete their portion of <i>Short Term Disability Certification</i> UDS Form 1034</li><li>3) Forward claim form to LR Manager within 15 days of absence to assure salary continuation.</li></ol>

## LONG-TERM DISABILITY INSURANCE

<b>Provider:</b>	Assurant Employee Benefits (Assurant)
<b>Eligibility:</b>	All union employees who work 30 hours per week or more
<b>Enrollment:</b>	Enrollment is automatic upon hire
<b>Effective Date:</b>	Coverage becomes effective date of hire
<b>Benefit:</b>	60% of base pay received when unable to work due to non-work related illness or disability as certified by a note from licensed, treating physician.
<b>Waiting Period:</b>	Up to 36 Weeks This waiting period will be satisfied by the employee's period of time on short-term disability, if eligible.
<b>Duration:</b>	Up to 24 months
<b>Cost:</b>	100% employer paid
	If disability is expected to last more than six (6) months, contact LR or HR manager 30 days prior to the expiration of your six (6) months STD eligibility to prevent discontinuation of salary.

## FLEXIBLE SPENDING ACCOUNTS

<b>Provider:</b>	McGregor & Associates (McGregor)
<b>Contacts:</b>	Customer Service – 1-859-233-4377 or Toll Free-1-866-233-4377 Fax Reimbursement Claims – 1-859-255-2999 or Toll Free-1-877-224-3539 or www.mai-ky.com - set up online accounts, obtain lists of eligible reimbursements, etc.
<b>Eligibility:</b>	All Union Employees
<b>Enrollment:</b>	Union employees must enroll within 31 days of hire if they wish to set up an account.
<b>Effective Date:</b>	Hire date or date election made
<b>Cost:</b>	UDS pays all administrative costs. Employee only responsible for account contribution if they choose to participate.
<b>Purpose:</b>	Allows union employees to set up flexible spending accounts (FSAs) and use pre-tax funds to reimburse themselves for eligible dependent care and health care expenses. Annual contributions must be carefully calculated. IRS laws require forfeiture of any funds not used by the end of the FSA filing period.
<b>Account Limits:</b>	Union employees may elect to set up one or both types of accounts, based upon their needs. The funds may not be intermingled between the two accounts. The <u>annual</u> account limits are:  Health Care FSA – min.- \$100.00 max. - \$5,000.00 Dependent Care FSA – min. -\$100.00 max. - \$5,000.00  Please note that if an employee is married and files a joint return, they and their spouse may not contribute more than \$5,000 per year total to a dependent day care account. If an employee and their spouse file separate returns, each of them may contribute no more than \$2,500 per year to a dependent day care account.
<b>Filing Claims:</b>	To file a claim a McGregor FSA Reimbursement Form must be completed and faxed to McGregor. Reimbursement requests received by close of business Tuesday will be processed that week. Checks will be mailed to the address on file unless direct deposit with McGregor is established.

## FLEXIBLE SPENDING ACCOUNTS continued

### Dependent Care FSA

- Expenses must be incurred to enable the employee (and their spouse, if applicable) to work.
- Day care expenses must be for dependents for which the employee is entitled to a personal exemption on their federal income tax return.
- The day care provider must not be a dependent (unless age 19 or older) of the employee, or a dependent for which the employee is entitled to a personal exemption on their federal income tax return.
- The child(ren) being cared for must be less than 13 years old, unless physically or mentally unable to care for themselves.
- Examples of eligible and ineligible expenses are:

#### Eligible

School expenses through kindergarten  
Summer day camps  
Before and after school programs  
Daycare for disabled adult dependents

#### Ineligible

Daycare transportation expenses  
Cost of food and clothing  
Tuition expenses after kindergarten  
Overnight camp expenses

### Health Care FSA

- Health Care FSAs may be used for health, dental or vision expenses that are allowed by IRS regulations and are not covered by insurance.
- Health Care FSAs may also be used for over-the-counter (OTC) medications that are to be used for medicinal purposes as opposed to general health purposes. Purchase of eligible OTC medications should be proximate to the onset of the illness.
- Expenses must be submitted to the health insurance provider for processing prior to submittal to McGregor.
- Expenses submitted for reimbursement must be incurred by the employee or by a dependent for which the employee is entitled to take a personal exemption for on their federal income tax return.
- Examples of eligible and ineligible expenses are:

#### Eligible

Health plan deductibles  
Co-insurance payments  
Vision care above allowable limit  
Dependent child orthodontia above allowable limit  
Antacids, pain relievers, allergy and cold medications

#### Ineligible

Health plan premiums  
Health club memberships  
Cosmetic Surgery  
Smoking cessation or weight loss programs  
First aid items, vitamins, herbal medications and supplements

## EMPLOYEE ASSISTANCE PROGRAM

**Provider:** New Directions Behavioral Health

**Contact Information:** 1-800-624-5544 or  
www.ndbh.com (company's login in code: **UDS**)  
New Directions is available to provide assistance 24 hours a day  
7 days a week.

**Eligibility:** All Union Employees

EAP eligible dependents include any individual residing within the employee's household including, but not limited to, significant others and life partners. Also included are dependent children, up to age 24, who are full-time students living outside the household.

Work-Life eligible dependents include spouses, children, grandchildren, parents and grandparents.

**Enrollment:** Automatically enrolled upon hire

**Effective Date:** Coverage becomes effective on date of hire

**Cost:** Cost of benefit fully paid by UDS

**Benefit:** EAP provider services are strictly confidential. No names are identified or reported to UDS or anyone else without the employee's written authorization. New Directions keeps all records in secured files at their facility.

### Examples of EAP Services

Alcohol and Drug Problems  
Anxiety or Depression  
Difficult Emotional Issues  
Family/Parenting Relationships  
Financial Pressures

Grief and Loss  
Marital Relationships  
Spousal/Child/Parent Abuse  
Stress Management  
Work Relationships

### Examples of Work-Life Services

Adoption Information  
Child Care Resourcing  
College Planning  
Continuing Education  
Eldercare Services  
Parenting Information

Personal Financial Management  
Pet Services  
Relocation Guidance  
Schooling Concerns  
Time Management  
Travel Resources

Printed educational materials, to assist you in understanding your problem and in making sound decisions in dealing with it, can be obtained by calling New Directions Behavioral Health or by visiting their website. This service is provided on a strictly confidential basis.

## RETIREE HEALTH CARE BENEFIT PLAN

### **Eligibility:**

All union employees are eligible to participate.

Eligibility is based on completing 10 years of allowable company service and reaching age 50.

Employees impacted by an involuntary reduction in force who are at least age 48 can be bridged to retirement and this benefit if they have 10 years of allowable company service.

### **Plan Details:**

- Existing health care plan will be offered to union employees who retire before age 65.
- Retiree cost-share will be 25% of the monthly premium to age 65.
- When a retiree turns 65 they must enroll in Medicare, which becomes the primary coverage. UDS will offer a Medicare supplement, which will be secondary.
- The Medicare supplement will include prescription coverage.
- Retiree cost-share for Medicare supplement is 50% of the cost.
- Vision and dental coverage will not be available to retirees over age 65.

## 401(K) PLAN

<b>Provider:</b>	Fidelity Investments
<b>Contact Information:</b>	800-835-5097 and <a href="http://www.401k.com">www.401k.com</a> or <a href="http://www.fidelity.com">www.fidelity.com</a>
<b>Plan Type:</b>	Safe Harbor Plan
<b>Eligibility:</b>	No eligibility service requirement
<b>Effective Date:</b>	First day of employment
<b>Vesting:</b>	100% on first day of employment
<b>Contributions:</b>	Combined limit for pre-tax salary deferral contributions and after-tax contributions is from 1-75% of compensation.
<b>Matching:</b>	All union employees will receive 100% matching on the first 4% of compensation contributed to the Plan.
<b>Additional Contribution:</b>	All union employees <u>not</u> eligible for the pension plan will receive an additional 5.8% contribution to their 401(k) plan. This contribution shall be an amount equal to 5.8% of the applicable hourly wage for every hour worked.
<b>Catch-up Contributions:</b>	Union employees expected to reach age 50 or older during the calendar year who are making the maximum Plan or IRS pre-tax contribution, may make an additional catch-up contribution each pay period. The catch-up contribution is \$5,000 in 2007. If pre-tax contributions have not exceeded the Plan contribution or IRS annual dollar limit at the end of the calendar year, catch-up contributions will be re-characterized as regular pre-tax contributions.
<b>Funds:</b>	Nine funds are available covering a variety of classes:

<u>Fund Class</u>	<u>Fund</u>
Money Market	Managed Income Portfolio
Fixed Income	PIMCO Total Return – Admin Class
Large Cap Value	American Century Large Company Value
Large Cap Blend	Fidelity Export and Multinational
Large Cap Growth	Fidelity Capital Appreciation
Small Cap Value	Goldman Sachs Small Cap Value
Small Cap Growth	Baron Growth Fund
International Equity	Fidelity International Discovery
Life Strategy	Fidelity Freedom Funds (10 different, diversified funds with a target retirement date)

**Loans:** Participants may borrow up to 50% of the vested account balance (minimum of \$1,000) and may have one loan outstanding at a time. Participants are responsible for payment of the \$75 loan setup fee and \$25 annual fee. Interest on loans will be the prime rate at the end of the month prior to the loan being processed. All interest is paid directly into the participant's account.

**In-Service  
Withdrawals:** Available on rollover amounts.

**Hardship  
Withdrawals:** If needed contact Lexington Human Resources.



## **DEFINED BENEFIT PENSION PLAN**

All union employees currently eligible to participate under the terms of the BJC/PACE CBA of 2004 may participate in the UDS Pension Plan, which will mirror the Bechtel Jacobs Company LLC Pension Plan for Grandfathered Employees. This plan is designed to help build financial security and provide employees with a dependable source of income through their retirement years, based on earnings and length of service.

This plan will be administered by Mercer Consulting & Victory Capital.

## HOLIDAYS

UDS grants 11 paid holidays to all union employees. Observed holiday pay will be calculated based on the union employee's straight-time pay rate (as of the date of the holiday) multiplied by regular, daily hours worked up to eight.

The paid holidays are:

New Year's Day

Martin Luther King, Jr. Day

Good Friday

Memorial Day

Independence Day

Companion Day to Independence Day

Labor Day

Thanksgiving

Day After Thanksgiving

Christmas Eve

Christmas

## VACATION

Vacation is available to all actively working union employees, and should be used for personal trips, medical appointments, personal business, etc.

Vacation is available based upon length of service as shown in the schedule below:

An employee must complete one year of Company Service Credit to obtain initial eligibility for two weeks vacation.

During calendar years 2-4, an employee will receive two weeks vacation.

<u>Years of Employment</u>	<u>Hours Granted January 1st</u>
5 – 9	3 weeks
10 – 14	4 weeks
15 – 29	5 weeks
30+	6 weeks

All UDS employees hired during the “initial staff-up period” whose adjusted UDS Company Service Credit date is prior to April 1, 1996 shall be privileged to a vacation eligibility of 6 weeks after 25 years of allowable UDS company service.

Any UDS employees hired during the “initial staff-up period” whose UDS company Service Credit date is prior to April 1, 1996 who have already earned their 6<sup>th</sup> week of vacation prior to coming to UDS shall not have their vacation reduced by UDS.

All employees who are hired by UDS after the “initial staff-up period” shall not receive 6 weeks vacation until they achieve 30 years of allowable UDS Company Service Credit.